State of Illinois
Illinois Department of Public Health

Application for Manufactured Home Community

Illinois Department of Public Health
Division of Environmental Health
525 W. Jefferson St.
Springfield IL 62761
Phone 217-782-5830

ID# _____
Log# _____
City _____
cc'd Region _____

This application can be mailed to the above address along with three copies of the plans. Attach properly identified supplementary sheets for information that cannot be placed in the blank spaces provided on these forms.

CHECK ONE OF THE FOLLOWING

☐ Original license to operate a manufactured home community - $300 plus $17 per mobile home site (Community in existence, but not currently licensed. Submit as built plans to scale of the community.)

☐ Permit to construct a new manufactured home community - $500 (Submit 3 copies of complete plans sealed by an Illinois registered engineer or architect.)

ALL FEES ARE TO BE MADE PAYABLE TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH IN THE FORM OF A MONEY ORDER OR CHECK.

PART I - GENERAL

A. Name of Community _____

B. Name of Applicant _____

C. E-mail Address of Applicant _____

D. Name of Partnership or Corporation (if applicable) _____

Names of Partners or Officers	Addresses of Partners or Offices

E. Address of Applicant

_____ _____ _____
(Street) (City) (Zip Code)

Telephone Number _____ Fax Number _____

F. Address of Manufactured Home Community

_____ _____ _____
(Street) (City) (Zip Code)

_____ _____ _____
(Township) (County) (Telephone)

Legal Description of Tract of Land

This State agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 78-929. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

G. Number of Manufactured Home Sites — Specify the Sites in Each Category by Site Number
   1. Existing Manufactured Home Sites _____ _____
   2. New Sites to be Constructed _____ _____
   3. Sites to be Eliminated _____ _____
   4. New Total _____ _____

H. Manager
   1. Name _____
   2. Address _____ (Street) _____ (City) _____ (Zip Code)
   3. Email address _____

   Telephone Number _____ Fax Number _____

I. Zoning Requirements
   1. Name of Zoning Board _____
   2. Address _____
   3. Is the manufactured home community properly zoned? ☐ Yes ☐ No
   4. Location of manufactured home community ☐ inside municipality ☐ outside municipal limits

PART II GENERAL CONSTRUCTION

A. Width of Roadway _____
B. Type of Roadway Surface _____
C. Traffic Flow Pattern _____
D. Parking Facilities _____
E. Type of Roadway Curbing _____
F. Manufactured Home Lot Size _____ (Minimum Length) _____ (Maximum Length) _____ (Minimum Square Footage)
G. Type of Home Foundation ☐ Runner ☐ Slab ☐ Other

   If other, explain _____
H. Type of Tiedown Anchors and Manufacturer _____

PART III WATER SUPPLY

A. Municipal Water Supply ☐ Yes ☐ No Public Water District ☐ Yes ☐ No
   1. Name of Municipality or District _____
   2. Size of Water Main Serving Community _____
   3. Copy of Water Agreement is Attached ☐ Yes ☐ No
   4. Pressure in Main at Point of Tap _____

B. Private Water Supply*
   1. Location of Well _____
   2. Depth of Well _____
   3. Diameter of Well _____
   4. Length of Casing _____
   5. Type of Casing Material _____
   6. Type of Annular Seal _____
   7. Type of Well Seal _____
   8. Pitless Adapter _____ (Name of Manufacturer) _____ (Model Number)
   9. Capacity of Test Pump (Gallons Per Minute) _____
   10. Pump Time _____
   11. Static Water Level _____
   12. Yield _____

Part III cont.

13. Drawdown _____
14. Capacity of Pump Installed (Gallons Per Minute) _____
15. Name or I.D.# of Licensed Well Driller _____
16. Name or I.D.# of Licensed Pump Installer _____
17. Have the well and pump been properly disinfected? ☐ Yes ☐ No
18. Sampling
    a. Has a sample of well water been submitted for bacterial analysis to a State laboratory? ☐ Yes ☐ No
    Lab Sample Number _____
    b. If sample has not been submitted, please specify address where sample bottles can be mailed:
    _____
19. Additional Treatment - If water treatment is proposed, plans and specifications must be submitted.
    a. Is continuous disinfection of water supply proposed? ☐ Yes ☐ No
    b. Is fluoridation of water supply proposed? ☐ Yes ☐ No
    c. Is additional treatment/conditioning proposed? ☐ Yes ☐ No

* Submit identical information on all additional wells that are to be used in this manufactured home community.

PART IV WATER STORAGE

Plans must be submitted in accordance with Section 860.230 of the Manufactured Home Community Code.

A. Type of Storage Proposed/Existing _____
B. Capacity of Storage Proposed/Existing _____
C. Maximum Pressure (psi) _____ Minimum Pressure (psi) _____

PART IV WATER STORAGE

A. Length of Water Main _____ Feet
B. Size of Water Main (Inside Diameter) _____ Inches
    1. Type of Water Main Material _____
    2. Testing Agency Approval Number (i.e. ASTM #) _____
C. Size of Water Service Connection Lines (Inside Diameter) _____ Inches
    1. Type of Water Connection Material (Illinois Plumbing Code Table A) _____
    2. Testing Agency Approval Number (i.e. ASTM #) _____
D. Type of Water Service Riser _____
    1. Name of Manufacturer _____
    2. Model Number _____
    3. Height of Riser Above Ground (Minimum 4 inches) _____
E. Installation of Water Lines (Illinois Plumbing Code)
    1. Distance separation between water and sewer main. (Minimum 10 feet)
    ☐ Yes ☐ No If no, indicate how the lines are installed. _____
    2. Indicate how crossings of water and sewer lines are constructed. _____

PART VI SEWAGE SYSTEM

A. Municipal sewage system or sanitary district. ☐ Yes ☐ No
    1. Name of Municipality or District _____
    2. Copy of agreement with city or sanitary district is attached. ☐ Yes ☐ No
B. Private Sewage Disposal System (Private Sewage Disposal Code) Submit identical information on all private sewage disposal systems that are to be used in this manufactured home community.
    1. Septic Tank Approval Number and Capacity _____ (Approval #) _____ (Capacity)

2. Depth of Ground Water Table _____
3. Percolation Tests Performed By _____
4. Percolation Data

   Test Hole #1 _____ hours _____ minutes

   Test Hole #2 _____ hours _____ minutes

   Test Hole #3 _____ hours _____ minutes

   At least 3 percolation tests are required for each subsurface seepage disposal system.
5. Installation/Maintenance must be done by a licensed private sewage disposal contractor.
   a. Name of Contractor _____
   b. I.D. # _____
6. Calculations of Required Capacities
   a. The number of sites times the volume per site per day divided by the percolation rate equals the required absorption area.

      _____ Sites x 400 gallons/day/site ÷ _____ gallons/ft^2/day = _____ ft^2
   b. The absorption area divided by the trench width equals the lineal feet of absorption trench.

      _____ ft^2 ÷ _____ trench width (feet) = _____ linear feet of trench needed.
7. Other Private Sewage Disposal Systems (Plans and specifications must be submitted.)
   a. Sand Filter ☐
   b. Package Treatment ☐
   c. Three Cell Lagoon ☐
   d. Other ☐ Specify _____
   e. If treated sewage discharges above ground, has a permit to alter/construct and operate a sewage treatment facility been obtained from the Illinois Environmental Protection Agency? ☐ Yes ☐ No
   f. If treated sewage discharges to a stream, give name of stream:

      _____ _____

      (Name of Stream) (NPDES Permit #)

PART VII SEWAGE COLLECTION SYSTEM

A. Length of Mains in Community _____
B. Size of Mains in Community _____
C. Type of Sewer Main Material _____
D. Testing Agency Approval Number of Sewer Main Material (i.e. ASTM#) _____
E. Size of Sewer Riser _____
F. Type of Sewer Riser Material (Illinois Plumbing Code Table A - Approved Building Drain Material), Testing Agency Approval Number (i.e. ASTM#)

_____
G. Elevation of sewer riser above finished grade. (4 inches minimum) _____

PART VIII SOLID WASTE DISPOSAL (Check A or B)

A. Individual Service Containers ☐
   1. 1 - 40 gallon container per site ☐
   2. 2 - 20 gallon containers per site ☐
   3. 1 - 30 gallon container plus 1 - 10 gallon container ☐
   4. 1 - 20 gallon containers per site with collection two times per week ☐
   5. Other ☐ Specify _____
B. Bulk Containers ☐
   1. Size of container _____ gallons or 0 _____ cubic yards (1 yd^3 = 201.974025974 gal)
   2. Number of bulk containers _____
   3. Bulk containers located within 250 feet of each site. ☐ Yes ☐ No

PART IX LIGHTING (Check A or B)

A. Central ☐
   1. Height of Light _____
   2. Wattage _____
   3. Type of Light (i.e. sodium, mercury vapor) _____
   4. Average distance between lights _____
B. Individual Lighting ☐
   1. Gas ☐
   2. Electric ☐ Wattage of light _____

PART X FIRE FIGHTING FACILITIES

A. Name of Local Fire Department _____
B. Description of Facilities and Service

_____

C. For communities constructed after January 1, 1998
   ☐ Fire hydrants within 500 feet of any structure ☐ Holding pond ☐ Other
   If other, explain _____

PART XI ELECTRICAL DISTRIBUTION

A. Size of service supplied _____
B. Location of conductors:
   1. Above ground - Height above vehicular traffic _____ Height above pedestrian traffic _____
   2. Below ground - Burial depth _____
C. Type, size and number of conductors from the meter to the home _____
D. Type and rating of service center _____

PART XII FUEL GAS

A. Type of Pipe _____
B. Burial Depth of Pipe _____
C. Location of Meter and Service Valve _____

SUBMIT 2 COPIES OF PLOT PLANS, DRAWN TO SCALE, SHOWING THE FOLLOWING:

1. Boundaries of each manufactured home site
2. Site numbers for each site
3. Roadways and width
4. Location, sizes and materials of water lines
5. Location, sizes and materials of sewer lines
6. Typical water and sewer riser plans
7. Location and sizes of lighting
8. Garbage and refuse collection locations
9. Location(s) of water supply/wells
10. Locations of sewage treatment facilities and type
11. Elevation contours of the community
12. Provisions for surface drainage
13. Location of fire hydrants/holding ponds
14. Typical site plans indicating location of parking, foundation systems for the homes, utilities and lights.
15. Location of fuel supply systems and distribution lines

PLANS OF THE MANUFACTURED HOME COMMUNITY SHOULD INDICATE ALL THE INFORMATION CONTAINED IN THIS APPLICATION.